

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/20/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD982274540
FACILITY NAME ->	SHARON CLEANERS
MAILING ADDRESS ->	845 7TH AVE NEW YORK, NY 10019
INSTALLATION ADDRESS ->	845 7TH AVE NEW YORK, NY 10019

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: YI, YONG
MGR
SHARON CLEANERS
845 7TH AVE
NEW YORK, NY 10019

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.

Date:

4/8/94

Facility Name:

Sharon Cleanness

YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:

- I) ___ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) ___ Name of Installation is incomplete.
- III) ___ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- IV) ___ Installation Mailing Address is incomplete.
- V) ___ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- VI) ___ Installation Contact Address is Incomplete.
- VII) ___ Ownership information is incomplete.
- VIII) ___ Type of Regulated Waste Activity -- Hazardous Waste:
1. ___ Generator status is incomplete.
2. ___ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
3. ___ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) ___ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- X) ___ Certification is insufficient.
Please provide an original signature in the Certification section.
Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

form you submitted is obsolete, please fill out the new form

XI) _____ is the existing EPA Identification Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the **COMMENTS SECTION (Part XI) of the form, or in a separate letter.** Please re-sign the form with an original signature in the Certification area. **FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.**

XII) _____ Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

XIII) _____ Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

_____ The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named installation is the previous operator at this location.

_____ Other. Please explain. _____

Due to a Reorganization of the Permits Administration Branch use the following Mailing Address for the EPA Form 8700-12, Notification of Hazardous Waste Activity

Please use black ink when filling out the notification form and ensure that you sign and date the certification block at the bottom of page 2. Retain one copy for your records. Mail your completed notification form to the following address:

US EPA REGION II
Air & Waste Management Division
Attn: RCRA Notifications
26 Federal Plaza, Room ~~505~~ 505 (J. Hoyt)
New York, New York 10278

EPA IDENTIFICATION NUMBER ASSIGNMENT STATUS

Upon receipt of your application by this Agency, your form will be processed and you will be notified by mail within 4-6 weeks. Should you require your ID number prior to receipt of the computer generated acknowledgement, please allow a minimum of 13 business days before calling (212) 264-9883 for a verbal confirmation.

ONE TIME CLEAN-UP

In the event of a one time clean-up, EPA assigns a permanent EPA ID number. After you have disposed of your hazardous waste, you should write a letter to your state environmental protection department, with a copy to our office, requesting that your permanent EPA ID number be delisted:

New Jersey:	New York:
Bureau of Manifest & Info Systems New Jersey Dept of Environmental Protection and Energy Hazardous Waste Regulation Program 401 E. State Street, CN-421 Trenton, New Jersey 08625-0421	New York State Department of Environmental Conservation Division of Solid & Hazardous Waste Manifest Section P.O. Box 12820 Albany, New York 12212

STATE REGULATED WASTE CODES

If you are notifying because you handle state regulated waste not listed in the enclosed instruction packet, please use the following codes for Description of Regulated Wastes.

X001 = Waste Oils

X002 = Polychlorinated Biphenols (PCBs)

X003 = Other State Regulated Wastes (i.e.,
diesel fuel, gasoline & home heating oil)

(owner)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 0246-EPA-07

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

APR -2 AM 11:47

HAZARDOUS WASTE

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

982529869

II. Name of Installation (Include company and specific site name)

SHARON CLEANERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: BUILDING # OR LOCATION + DIRECTION TO NEAREST CROSS STREET

845 7 AVENUE

Street (continued)

NYC

City or Town

NEW YORK

State

ZIP Code

NY 10019

County Code

County Name

USA NEW YORK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

YONG YI

(first)

Job Title

MGIR

Phone Number (area code and number)

212-582-0919

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☒☐

B. Street or P.O. Box

845 7TH AVENUE

City or Town

NYC

State

ZIP Code

NY 10019

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

YONG YI

Street, P.O. Box, or Route Number

845 7TH AVENUE

City or Town

NYC

State

ZIP Code

NY 10019

Phone Number (area code and number)

212-582-0919

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes ☐ No ☐

Month

Day

Year

NYD982274540

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL Yong Yi MGR	Name and Official Title (type or print) YONG YI MGR	Date Signed 5/10/94
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Hazardous Waste Activity

For Official Use Only

Comments									
C									
C									
Installation's EPA ID Number					Approved	Date Received (yr. mo. day)			
C					T/A C				
F					1				

I. Name of Installation

SHARON CLNR

II. Installation Mailing Address

Street or P.O. Box									
C									
3	845	7TH	AVE						
City or Town								State	ZIP Code
C									
4	NEW	YORK						NY	10019

III. Location of Installation

Street or Route Number									
C									
5	SAME AS ABOVE								
City or Town								State	ZIP Code
C									
6	SAME AS ABOVE								

IV. Installation Contact

Name and Title (last, first, and job title)										Phone Number (area code and number)									
C																			
2	YI	YONG	MAN	GNER						212	582	0919							

V. Ownership

A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)									
C																			
R	YONG	YI																	

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg./mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
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VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input checked="" type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
---------------------------------	----------------------------------	--	-----------------------------------	---

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number									
		9	8	2	5	2	9	8	6	9	

ID — For Official Use Only

C																		T/A	C
W																			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
Do 39	F002				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

YONG YI manager

Date Signed

4/5/94



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Date Received
(yr. mo. day)

C											T/A	C	
E	n	u	0	9	8	2	2	7	4	5	4	0	1

SHARON CLNR.

Street or P.O. Box

[illegible]

City or Town _____

State

ZIP Code

[illegible]

Street or Route Number

5	Same As Above																			
---	---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City or Town

State

ZIP Code _____

[illegible]

Name and Title (last, first, and job title)

Phone Number (area code and number)

[illegible]

A. Name of Installation's Legal Owner.

B. Type of Ownership (enter code)

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐
- A. Air
- ☐
- B. Rail
- ☒
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D039	F002				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

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37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

YONG YI manager.

Date Signed

4/5/94

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.

Date: 4/8/99

Facility Name: Marion Cleaners

YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:

- I) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) ☐ Name of Installation is incomplete.
- III) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- IV) ☐ Installation Mailing Address is incomplete.
- V) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- VI) ☐ Installation Contact Address is Incomplete.
- VII) ☐ Ownership information is incomplete.
- VIII) ☐ Type of Regulated Waste Activity -- Hazardous Waste:
1. ☐ Generator status is incomplete.
2. ☐ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
3. ☐ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- X) ☐ Certification is insufficient.
Please provide an original signature in the Certification section.
Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

XI) _____ is the existing EPA Identification Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the **COMMENTS SECTION (Part XI) of the form, or in a separate letter.** Please re-sign the form with an original signature in the Certification area. **FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.**

XII) _____ Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

XIII) _____ Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

_____ The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named installation is the previous operator at this location.

_____ Other. Please explain. _____



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+NY0302274540	
MARTY CLEANERS INC.	
845 7TH AVENUE	
NEW YORK	NY 10019
INSTALLATION ADDRESS	
845 7TH AVENUE	
NEW YORK	NY 10019



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number										Approved		Date Received (yr. mo. day)			NEW YORK 061								
C	N	Y	D	9	8	2	2	7	4	5	4	0	T/A	C					8	7	0	8	2
F																							

[illegible]

Street or P.O. Box

C																				
3	8	4	5		7	T	14		A	V	E	N	V	E						

City or Town															State		ZIP Code					
C																						
4	N	E	W		Y	O	R	K									NY	1	0	0	1	9

Street or Route Number

[illegible]

City or Town															State		ZIP Code		
C																			
6	N	E	W												N	Y	1	0	0

Name and Title (last, first, and job title)

C																Phone Number (area code and number)																
2	6	4	5				M	A	I			N	A	E								2	1	2	5	8	2		0	9	1	9

A. Name of Installation's Legal Owner

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <div> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div>	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <div> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div>	<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

C

T/A

C

W

1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 0002	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

8/26/87

RCRAREp Handler Detail Report

Report run on: January 2, 2015 3:06 PM

Facility Information

ID / Dist	Name / Location Address ...	County	Regulated Activity
NYD982274540	SHARON CLEANERS		
NYSDEC R2	845 7TH AVE		
	NEW YORK NY 10019-5229	NEW YORK	

Other State Interests

-State Not a generator, Verified

Sources Overwritten Prior to 2001 (before RCRA kept history for activity/address/contact)

01/01/07 I State/EPA
01/01/06 I State/EPA
07/08/99 I State/EPA
06/02/94 N Notification

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

Activity Location

Handler Module Data for NY State only

Location Address

01/01/07 State/EPA 845 7TH AVE
NEW YORK (NY061)
NEW YORK, NY 100195229
State District: NYSDEC R2
Land Type: ()

Mailing Address

01/01/07 State/EPA 845 7TH AVE
NEW YORK, NY 10019

Contact

06/02/94 Notification YONG YI
845 7TH AVE
NEW YORK, NY 10019
Phone: (212)582-0919

Legal Owner/Operator of Site

01/01/07 State/EPA Current Owner from -
YONG YI (Private)
845 7TH AVE
NEW YORK, NY 10019
Phone: (212)582-0919
Notes: This record created to coincide with EPA Mass Update for 01/
01/2007 on Rundate: 06/11/2008

Regulated Hazardous Waste Activities

01/01/07 State/EPA
Federal Not a Generator
01/01/06 State/EPA
Federal Not a Generator
07/08/99 State/EPA
Federal Not a Generator

RCRARep Handler Detail Report

Report run on: January 2, 2015 3:06 PM

NYD982274540

Regulated Hazardous Waste Activities

06/02/94 Notification

Federal Small Quantity Generator

Waste Codes

06/02/94 Notification F002

F002 THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CHLORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE, ORTHO-DICHLOROBENZENE, TRICHLOROFLUOROMETHANE, AND 1,1,2, TRICHLOROETHANE; ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, A TOTAL OF TEN PERCENT OR MORE (BY VOLUME) OF ONE OR MORE OF THE ABOVE HALOGENATED SOLVENTS OR THOSE SOLVENTS LISTED IN F001, F004, AND F005; AND STILL BOTTOMS FROM THE RECOVERY OF THESE SPENT SOLVENTS AND SPENT SOLVENT MIXTURES.

Certification

01/01/07 State/EPA

BRS-MANIFEST MASS UPDATE

Signed: 01/01/07

01/01/06 State/EPA

BRS CYCLES 2001 2003 2005 BRS 2001 2003 2005

Signed: 01/01/06

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 2, 2015 - 2:49 PM

Version 5.0

User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYD982274540	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 01/02/2015		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 2, 2015 - 2:49 PM

Page 2

SHARON CLEANERS

County Name / Code: NEW YORK / NY061

NYD982274540

Location: 845 7TH AVE; NEW YORK, NY 10019-5229

REGION 02

Mailing: 845 7TH AVE; NEW YORK, NY 10019

Activity Location: NY	State District: NYSDEC R2	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: -----	IC In Place: N	EI Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: -----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation:	Activity Location: NY	Type: 261.A	Determined Date: 05/22/2006	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/01/2006	RTC Qualifier: DOCUMENTED	Sequence Number: 1
	Citation Information: Seq #	Type	Citation		
	1	STATE REGULATION	371.1(f)		
CEI Evaluation	05/22/2006	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 05/22/2006
					Branch: R4
					Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 06/15/2006	Identifier: 001	
	Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4	
	CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

Evaluations With No Violations:

CEI Evaluation	03/31/1992	Activity Location: NY	By: State	Identifier: 000	Person: NYHHN
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:
					Branch: R2
					Found Violation: NO
					Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 2, 2015 - 2:49 PM

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 2, 2015 - 2:49 PM

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
261.A	LISTING - GENERAL

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

* Note: Penalty amount may not reflect all violations cited.